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CONFIRMATION NO. 3296

| SERIAL NUMBER | FILING or 371(c) DATE RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
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| 10/709,297 | 04/27/2004 | 606 | 3731 | H-US-01160 (203-6224) | | |
| APPLICANTS John I. Shipp, Jacksonville Beach, FL; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 06/29/2004 | | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/VICTOR X NGUYEN/</u> Examiner's signature | | <input type="checkbox"/> Met after Allowance VN Initials | STATE OR COUNTRY FL | SHEETS DRAWINGS 10 | TOTAL CLAIMS 22 | INDEPENDENT CLAIMS 3 |
| ADDRESS Tyco Healthcare Group LP 60 MIDDLETOWN AVENUE NORTH HAVEN, CT 06473 UNITED STATES | | | | | | |
| TITLE Surgery delivery device and mesh anchor | | | | | | |
| FILING FEE RECEIVED 468 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | | |